

GRANT OFFICE USE ONLY

Notification to ITS:

Initials:

## GRANT AWARD APPROVAL FORM

**1. Official Name of Grant Program:**

Date of SBE approval of grant criteria 4/24/2003

2003 - 2004  
☐ Initial  
(years)

Special Projects Grants Under Centers for Disease Control and Prevention Funding for FY 2004  
☒ Amendment  
(title)

☐ Continuation  
(type)

Legislation Authorizing this Grant Program:

☒ Federal Grant CFDA Number 93.938

☐ State Grant

☐ Other (Private, Foundation)

**2. Type and Purpose of Grant Program: (check one)**

Special project school health negotiated grants will be disseminated to support coordination and support for the Youth Risk Behavior Survey; carry out a variety of major activities in the Coordinated School Health Program federal grant; provide trainings and workshops to parents, teachers, and agency staff; evaluate and provide coordination and oversight on specific projects named in the federal grant; develop a white paper; provide technical assistance; develop networks to enhance statewide efforts for school health collaboration; and, support the annual Wellness Conference.

☐ Competitive  
☐ Formula

☒ Other

Designated

(specify)

**3. SBE Priorities and Policies that this Grant Program Supports: (check all that apply)**

Priorities

☒ Integrating Communities and Schools

☒ Elevating Educational Leadership

☐ Embracing the Information Age

☐ Ensuring Early Childhood Literacy

☒ Ensuring Excellent Educators

Policies

☐ Bullying

☐ Character Education

☒ Creating Effective Learning Environments

☒ Family Involvement

☒ Safe Schools

☐ Other

(specify)

**4. Grant Categories (if not described in Item 2):** ☒ NOT APPLICABLE

**5. Target Population to be Served by Grant:**

Michigan parents, educators, collaborative partner agencies, and school-aged youth.

**6. Total Funds Awarded:**

Previously awarded to other applicants:  
\$78,960

New award:  
\$30,000

Total grants awarded:  
\$108,960

**7. Eligible Applicants:**

Designated applicants are Educational Materials Center/Central Michigan University, Michigan Department of Community Health, Michigan Education Special Services Association (MESSA), Governor's Council on Physical Fitness, Health and Sports/Michigan Fitness Foundation, Michigan Maternal and Child Health Council, Michigan Congress of Parents, Teachers, and Students, School Community Health Alliance/Michigan Primary Care Association, and Calhoun Intermediate School District.

**8. Description of Priorities Given to Any Specific Population or Location:** ☒ NOT APPLICABLE

**9. Grant Administration:**

Office  
School Excellence

Unit  
Curriculum Leadership

Contact  
Elizabeth C. Haller  
Acting Supervisor

Phone  
373-7248  
335-0565

8917  
361

10. OFFICE	Office Director Approval Signature: <u><i>Margaret Galloway</i></u> Phone: <u>13592</u> Comments:	Date: <u>7/22/03</u>
11. BUDGET OFFICE	Budget Office Approval Signature: <u><i>N/A</i></u> Comments:	Date: _____
12. GRANTS OFFICE	Grants Office Approval Signature: <u><i>Mary Ann Chantel</i></u> Comments:	Date: <u>7/31/03</u>
<u><i>Exhibits B and C are not required.</i></u>		
13. DEPUTY SUPERINTENDENT	Deputy Superintendent Approval Signature: <u><i>Jenny M. Hughes</i></u> Comments:	Date: <u>8-6-03</u>
14. SUPERINTENDENT	Superintendent Approval Signature: <u><i>JW</i></u> Comments:	Date: <u>8/8</u>

### INSTRUCTIONS:

- A. Complete items 1-10 on this form. The Grants Administration Unit will facilitate completion of items 11-14.
- B. Attach three (3) sets of Exhibits A, B, and C.  
 Exhibit A---List of applicants (alphabetical order) recommended for funding, the amount requested, the amount recommended, and a three to five sentence abstract of the proposal.  
 Exhibit B---List of applicants (alphabetical order) not recommended for funding and the amount each requested.  
 Exhibit C---Map of Michigan indicating the location of recommended applicants.
- C. Attach the grant award letters for the Superintendent's signature and the non-award letters for the Service Area Director's signature. The letters should be submitted in the same order given in Exhibit A and/or B. For each final Grant Award Notification letter, a Grant Award Notification form (yellow sheet) also needs to be submitted for the Superintendent's signature.
- D. Transmit Grant Award Approval Form (pink), attachments, and letters to the Grant Administration Unit.

**2003-2004 Special Projects Grants  
Under Centers for Disease Control and Prevention  
Funding for FY 2004**

<u>Applicant Recommended for Funding</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
Michigan Congress of Parents, Teachers, and Students	\$30,000	\$30,000

The Michigan Congress of Parents, Teachers, and Students will educate parents/caregivers so they can understand the importance of their role in communicating with their child about human sexuality and healthy relationships; facilitate collaboration between parents/caregivers and educators to support effective sexuality and HIV/STD prevention education; and, help teachers and administrators involve and engage parents and community members as equal partners in sexuality and HIV/STD prevention efforts.